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I HEREBY CERTIFY THAT THIS PAPER AND ENCLOSURES AND/OR FEE ARE BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO: BOX PATENT APPLICATION, ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON D.C. 20231.

TABITHA JOHNSON (SENDER'S PRINTED NAME)

(SIGNATURE)

Box Patent Application
Assistant Commissioner for Patents
Washington, D.C. 20231

Enclosed for filing is a patent application under 37 CFR 1.53(b) of:

Inventors: Gregg Evan Rothermel, Margaret Myers Burnett and Lixin Li For: METHODOLOGY FOR TESTING SPREADSHEETS

[If continuing application] This application is a [] continuation, [] divisional, [] continuation-in-part of prior application Serial No. _____.

Enclosures:

- [X] Specification (pages 1-32); claims (pages 33-41); bibliography (pages 42-46); abstract (page 47)
- [X]15 sheet(s) of drawings
- [X] Declaration or Combined Declaration and Power of Attorney
 - [X] Newly executed (original or copy)
 - [] Copy from a prior application (37 CFR 1.63(d))
 - [] Incorporation by Reference--The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
 - [] Deletion of Inventors (signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b)
- [X] Power of Attorney
- [X] Assignment with cover sheet
- [] Certified copy of priority document:



[]	Information Disclosure Statement with Form PTO 1449
	Copies of references listed on attached Form PTO-1449
[X]	Declaration(s) Claiming Small Entity Status
	[X] Independent Inventor (37 CFR 1.9(f) and 1.27(b))
	[] Small Business Concern (37 CFR 1.9(f) and 1.27(c))
	[X] Non-Profit Organization (37 CFR 1.9(f) and 1.27(d))
	[] Non-Inventor Supporting Claim By Another
	[] Statement filed in prior application. Status still proper and desired
[]:	Preliminary Amendment
[]	Change of Address

CLAIMS AS FILED								
For	Number Filed	Number Extra	Rate		Basic Fee \$380.00			
Total Claims	55-20	35	x \$ 9	=	315.00			
Independent Claims	7-3	4	x \$ 39	=	156.00			
Multiple Dependent Claim Fee			x \$130	=	0.00			
TOTAL FILING FEE					\$851.00			

[]	Cancel in this divisional application	n original claims	of the prior
	application Serial No.	before calculating the filing fee	. (At least one
	original independent claim must be	retained for filing purposes.)	

- [X] A check in the amount of \$891.00 to cover [X] filing fee and [X] assignment recordal fee (\$40) is enclosed.
- [X] Any deficiency or overpayment should be charged or credited to deposit account number 13-1703. A duplicate copy of this sheet is enclosed.

Customer No. 20575

Respectfully submitted,

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